PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Appl	Application or Docket Number $10/587264$			
		CLAIMS /	AS FILED -			(Column 2)		SMALL ENT	IITY	OR	OTHER SMALL		
U.S	s. NATIONAL	STAGE FEES		"",		(Commission of the Commission	7	RATE	FEE	1	RATE	FEE	
BA!	ASIC FEE		SMALL ENT.	r. = \$ 150	LAR	RGE ENT. = \$ 300	1	BASIC FEE	 	OR		BIN	
EX/	CAMINATION FE	EE	Satisfies PCT A	0 / \$ 100 `	\$	other situations = \$ 100 / \$ 200	1	EXAM. FEE		1	EXAM. FEE	7)1	
SE/	ARCH FEE	.•	U.S. is ISA = \$ ALL other cou \$ 200 / \$	\$ 50 / \$ 100 ountries =	All of	other situations = \$ 250 / \$ 500	1	SEARCH FEE			SEARCH FEE	400	
FEF	E FOR EXTRA S	SPEC. PGS.	min	nus 100 =	Ī	/ 50 ≐	1 1	X \$ 125 =			X \$ 250 =	1 "	
тот	TAL CHARGEA	BLE CLAIMS	// mi	inus 20 =			1	X \$ 25 =		OR	X \$ 50 =		
IND	DEPENDENT CL	LAIMS	2 "	minus 3 =			1	X \$ 100 =		OR	X \$ 200 =	 	
MUI	LTIPLE DEPEN	NDENT CLAIM PRE	ESENT	,			11	+ \$ 180 =		OR	+ \$ 360 =	360	
* If	f the difference	e in column 1 is I	less than zero	o, enter "C)" in cr	olumn 2	į.	TOTAL		OR	TOTAL	1260	
		CLAIMS AS AMENDED - PART II (Column 1)					1	SMALL E	ADDI- TIONAL	OR	OTHER SMALL E RATE		
ENT A		AFTER AMENDMENT	<u> </u>	PREVIO		EXTRA	11		FEE	1 1		FEE	
AMENDMENT	Total	*	Minus .	**		=	11	X \$ 25 =		OR	X \$ 50 =	<u>.</u>	
AME		<u> </u>	Minus	***		= :		X \$ 100 =	-	OR	X \$ 200 =		
	FIRST PRES	SENTATION OF M	ULTIPLE DEPE	ENDENT C	;LAIM		1.1	+ \$ 180 =		OR	+ \$ 360 =		
	-	•		· · ·	-			TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	nn 2)	(Column 3)							
NTB		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total		Minus	**		=	1	X \$ 25 =		OR	X \$ 50 =		
AMEN	Independent	*	Minus	***	 -	=	1	X \$ 100 =		OR	X \$ 200 =	· .	
1	FIRST PRES	SENTATION OF MU	ULTIPLE DEPE	ENDENT C	LAIM		1	+ \$ 180 =		OR	+ \$ 360 =	· ·	
							1 -7	TOTAL ADDIT.		OR I	TOTAL ADDIT. FEE		
								• • • • • • • • • • • • • • • • • • •			,		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

n re Application of:)
MEGUMI TAKEUCHI, ET AL.	: Examiner: Not Yet Assigned
Application No.: 10/587,264	: Group Art Unit: Not Yet Assigned)
I.A. Filing Date: January 28, 2005	;)
For: AGENTS FOR TREATING MIGRAINE	:) : September 8, 2006

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

SUBMISSION OF EXECUTED DECLARATION

Sir:

Prior to receiving any NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. §371 IN THE U.S. DESIGNATED/ELECTED OFFICE (DO/EO/US) (form PCT/DO/EO/905) in the above-identified application, Applicants enclose herewith the Combined Declaration and Power of Attorney executed by the inventors.

The Assistant Commissioner is authorized to charge any fees required to Deposit Account No. 06-1205.

04/02/2007 VWALLACE 00000017 061205 10587264 01 FC:1617 130.00 DA